

Commonwealth of Massachusetts

Center for Health Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Combined Insurance Company of America														
File	Submis sion													
Type*	Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	12	12
PR	2011	0	0	74	0	74	12	0	0	24	0	0	12	196
PR	2012	0	0	12	0	0	12	0	0	12	0	0	0	36
ME	2009	0	0	0	0	0	0	0	0	0	0	0	20,406	20406
ME	2010	0	0	0	0	0	0	0	0	0	0	0	16,470	16470
ME	2011	16,062	16,053	16,051	16,053	16,061	16,136	15,978	15,969	15,440	8,874	9,105	9,061	170,843
ME	2012	9,113	8,737	8,764	8,749	8,740	8,740	8,731	8,740	3,404	3,373	0	0	77,091
PV	2011	454	358	502	436	6,515	391	307	347	370	289	278	281	10,528
PV	2012	261	331	374	360	303	355	347	356	274	234	0	0	3,195
МС	2008	1,873	1,934	1,555	2,714	2,666	2,629	2,227	2,123	1,577	1,397	1,255	2,466	24416
MC	2009	2,009	1,207	2,468	1,867	1,477	1,715	1,281	1,522	1,330	1,587	1,335	1,138	18936
MC	2010	1,492	1,152	1,634	1,059	1,141	1,017	976	1,188	909	959	1,374	1,290	14191
МС	2011	1,085	969	1,573	1,747	1,393	1,488	1,108	1,363	1,033	1,427	1,297	1,857	16340
МС	2012	1,600	2,105	2,274	2,079	2,269	1,952	1,731	1,882	1,213	1,209	0	0	18314
PC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0

*Key: PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.

2/28/2013







